

OFFICE OF THE SURGEON GENERAL
Technical Information Division
Washington, D. C.

NEWS NOTES
No. 28

DISTRIBUTION: State, National and South American Journals;
Dental, Veterinary and Nursing Journals;
Science Editors of newspapers and magazines;
Medical Installations in the Zone of Interior
and Theaters of Operations.

RELEASE: Upon receipt

15 September 1945

SURGEON GENERAL ANNOUNCES NEW OFFICER RELEASE POLICY

A revised point system program which will return 13,000 physicians, 25,000 nurses, 3,500 dentists and an undetermined number of other Medical Department officers to civilian life by 1 January 1946 was announced 14 September 1945 by Major General Norman T. Kirk, The Surgeon General.

Under the plan those Medical and Dental Corps officers who have 80 points, are 48 years of age or have been in the Army since before Pearl Harbor will be released as surplus officers unless they are specialists in eye, ear, nose and throat work; plastic surgery, orthopedic surgery, neuropsychiatry or are laboratory technicians. These specialists will be released if they were called to active duty prior to 1 January 1941.

This is a drastic lowering of points below the previous plan which was based on an adjusted service score of 100 for non-scarce Medical Corps officers and 120 for those in scarce categories.

A similar drastic reduction was made in the point score for nurses, who are now eligible for discharge if their rating is 35 or more, or if they are 35 years old. In addition all married nurses and those with children under 14 years are eligible for immediate separation. Physical Therapists and Dietitians are eligible under the same conditions if their point score is 40 or more, or if they are 40 years old.

Veterinary Corps officers will be eligible for discharge if they have a point score of 80 or more, if they are 42 years old, or if they joined the Army prior to 1 January 1941.

(MORE)

SURGEON GENERAL ANNOUNCES NEW OFFICER RELEASE POLICY (Continued)

Medical Administrative and Sanitary Corps officers with point scores of 70 or more, who are 42 years of age or have been in service since before Pearl Harbor will be released as surplus.

General Kirk added that in some cases essential officers may be retained by military necessity until replacements are shifted to their positions but none will be held in service after 15 December 1945 without their consent.

Every effort will be made to release these officers at the earliest possible moment consistent with military needs, General Kirk added.

It is also anticipated that, on the basis of an army of 2,500,000 men, a total of 30,000 doctors, 40,000 nurses and 10,000 dentists will be released by July 1946 and if the armies of occupation and troops in the United States are concentrated at large posts these figures will be exceeded. These figures represent approximately 70 per cent of the peak strengths at VE-Day of those corps.

GENERAL KIRK TELLS SUPPLY SERVICE ROLE IN MEDICAL DEPT. ACHIEVEMENTS

The outstanding record of the Army Medical Department in this war and the role played by its Supply Service were discussed by Major General Norman T. Kirk, Surgeon General of the Army, at a recent conference of Medical Depot commanding officers and medical supply officers at Louisville, Kentucky.

"In May and June of 1943," General Kirk said, "centralization of stock control and storage operations in depots became evident. Plans were developed that would enable the Chief of the Supply Service to measure the work which was being performed in the Medical Department Depot system. This plan was placed into operation during the first few months of 1944, and has been extremely effective in the control of manpower, workload and getting supplies where they are needed when they are needed."

General Kirk pointed out that as a result of this system, personnel was cut from 14,000 in 1943 to 7,300 in 1945, and tonnage handled increased from 76,530 to 77,969. The tons handled per person also increased from 5.4 to 10.7 for the same period.

"That is a real accomplishment," General Kirk continued, "and reflects credit upon everyone who had a part in it."

DR. JULIAN RUFFIN, SGO CIVILIAN CONSULTANT, RETURNS FROM ETO

Dr. Julian Ruffin, Civilian Consultant to The Surgeon General, has just returned from ETO, where he had replaced Dr. Frederick Stare as clinician on Nutrition Survey Team #1. During the time Dr. Ruffin worked with this team, nutrition surveys were made in many cities in Germany.

PROFESSIONAL TRAINING PLANNED FOR ARMY DOCTORS

In order to provide qualified doctors for the peace time, Army plans have been formulated to interest Medical Corps officers who are serving for the duration of the war to apply for commission in the Regular Army, Major General Norman T. Kirk, Surgeon General of the Army, announced recently.

Among the more important attractions which will be offered Medical Corps officers who remain in the Army are the following:

1. The Regular Army Medical Corps officer will be assured a professional career offering broader possibilities in a larger field than the practice of the average civilian doctor affords.
2. The training and the assignments of Army doctors will be arranged to aid the Army doctors in obtaining board certification for specialties from the recognized civilian specialty boards.
3. Graduate training will be continued with the establishment of Army fellowships, residencies and special courses.

In addition to the above attractions, which carry decided weight with any professional man, the Army affords security in its pension system, hospitalization care and other considerations not usually available in civilian practice, General Kirk said.

Civilian practice on the whole involves considerable uncertainty, and the locality in which a man has established himself and other factors seriously limit the scope of the practice a doctor can engage in, General Kirk said.

This program which is being inaugurated is designed to obtain and utilize to the best advantages the professional skill now available in the Army, according to Colonel Floyd L. Wergeland, Director of the Training Division of The Surgeon General's Office, and Chairman of the committee handling the professional training of Army doctors.

The plans under this policy call for the establishment of graduate training programs at Army Installations where the residencies will meet the requirements of specialty boards and arrangements will be made for accrediting by the appropriate specialty boards, Colonel Wergeland said. Another phase of the program includes the establishment of Army internships at selected Army general hospitals.

Plans outline a procedure for giving professional rehabilitation and specialized training to Regular Army Medical Corps officers who have been in administrative work during the war. These doctors who have not been able to engage in practice because of administrative responsibilities will serve as understudies with doctors who have been active in professional practice. This assignment will lead to continued professional service and eventually specialty board certification.

PROFESSIONAL TRAINING PLANNED FOR ARMY DOCTORS (Continued)

Medical Corps officers in the Regular Army will be kept in professional capacities without material interruption under this plan.

The advantages of a professional career in the Army will also be brought to the attention of medical students to interest them in an Army commission. Only those who stand scholastically in the upper third of their classes will be prevailed upon to consider the Army for a career.

Reserve or AUS officers now on active duty who desire consideration for commission in the Regular Army may forward through channels Statement of Interest to War Department Adjutant General's Office in accordance with the provisions of War Department Circular 243.

Civilian physicians and former Organized Reserve Corps and AUS officers now on inactive duty status may submit Statement of Interest direct to the Adjutant General's Office.

Future announcements as to securing commission in Regular Army Medical Department will be publicized in current professional and military publications.

DR. FRANCIS G. BLAKE AND DR. KENNETH F. MAXCY GET TYPHUS AWARD

The United States of America Typhus Commission Medal was awarded at the Office of The Surgeon General, Monday, September 10, to Dr. Francis G. Blake, Dean of Yale University School of Medicine, and Dr. Kenneth F. Maxcy, Professor of Epidemiology at Johns Hopkins School of Hygiene and Public Health, for "exceptionally meritorious service." Both Dr. Blake and Dr. Maxcy, in addition to their other duties, are consultants to the Secretary of War.

The awards were presented by Major General Norman T. Kirk, Surgeon General of the Army. The citation accompanying the award to Dr. Blake said in part: "Dr. Blake initiated and directed investigations of classical importance on the clinical features and prevention of scrub typhus. He made new contributions to the knowledge and control of a form of typhus fever of great military and civilian importance. His wisdom, energy, and special competence assured the success of this mission and laid the basis for enduring benefits."

Dr. Maxcy was commended for "his observations made in the field under difficult campaign conditions, which clarified earlier knowledge of the conditions under which this disease occurs and added greatly to information about the special conditions which were making this disease a health hazard of paramount importance to American troops."

The Typhus Commission medal, which was authorized by President Roosevelt, is regarded as a high honor in this field of science. Only about thirty men have been awarded it to date.

FACTS ON USE OF DDT

Since the proper use of DDT requires special knowledge and training, a bulletin has been published as a technical guide for the Army to its safe and efficient use, Major General Norman T. Kirk, Surgeon General of the Army, announced today. The publication contains information on the precautions to be taken in handling DDT, its mode of action in insect control, and the proper methods of application of the DDT insecticide items issued by the Army.

It is emphasized that, although DDT may be safely handled as an insecticide, it is, nevertheless, a toxic material. Poisoning may occur from ingestion of DDT or by absorption of DDT solutions through the skin. DDT powder and aerosols are not absorbed through the skin, and have been found to produce no ill effects when inhaled in small amounts. However, in conditions where air currents do not carry away the dust from the user, it is wise to wear suitable respirators as protection against excessive inhalation.

DDT acts on insects both as a contact poison and as a stomach poison. Studies have shown that the poisonous effect of DDT on mosquito larvae is fully as powerful as that on the adult insect, although on some other insects, such as flies, the larvae are not equally affected by the insecticide. In applying DDT as a mosquito larvicide to open water receptacles, a prolonged effect may be obtained because of the residual action of the chemical. However, in applying it to natural water bodies the effect is much shorter, due to the binding action of mud in the water, which apparently checks the effectiveness of DDT. It should also be considered that amounts of DDT greater than 0.2 pound per acre may prove fatal to fish and wild life. For extermination of insects such as ants, roaches, fleas, bedbugs and flies, DDT oil solution or powder should be used, with particular attention to cracks, holes, and seams in walls, floors, and bedding, as indicated. One of the most valuable characteristics of DDT lies in its tendency to remain deadly to insects over a prolonged period of time. In applying DDT solutions to walls and other large surface areas, a coarse spray is usually employed, but in applying it to screens or mesh surfaces, ordinary paint brushes may be used. Although the effectiveness of the treated areas against insects persists for some time, the insects which come in contact with the chemical may not die until an hour or more has elapsed, and immediate death should not be expected.

When applying solutions of DDT in kerosene, precautions concerning the inflammability of the kerosene should be observed. Care should be taken to keep electric motors and other sparking or heating apparatus from the zone of spray. No open fires or smoking should be permitted until the spray has dried and ventilation is complete. The kerosene in the solution is harmful to rubber equipment and may cause a mild skin irritation when in contact with the skin.

Thanks to the magic properties of DDT, many lives have been saved in this war and much disease prevented. Extermination of disease-carrying insects has reduced the incidence of typhus, malaria, and other ravaging diseases of the war areas.

FACTS ON USE OF DDT (Continued)

Although rapid progress has been made in the development of DDT since it first made its appearance in the field of science, much remains to be learned before its full potentialities in insect control can be realized. Signs of progress are evident in the spraying of large areas by aircraft, the mass delousing of communities in Europe, and the better methods of manufacture. Investigation is continuing on every aspect of DDT, however, in search of new and extensive improvements in everything from its chemical beginning to its final application in the field.

NUTRITION REPORT ON CIVILIAN INTERNEES OF JAP PRISONS

American civilian internees of Japanese prison camps in the Philippines, who have recently been returned to the United States, were found in a survey by nutritional scientists of the Army Medical Department to be on the borderline state of extreme starvation.

According to the report, the food served the prisoners, in addition to being poorly cooked, consisted mainly of wilted greens, moldy corn, dirty rice, and a variety of sweet potato, which was often rotten. This soon led to vitamin-deficiency diseases. Relief packages were allowed in the camp only twice during the period of internment, all market vendors were barred from the camp, and the only source of extra rations was the black market.

The report, in listing the effects of malnutrition on the eight children born in the prison camps, noted that only three showed any signs of vitamin deficiency. This was attributed to the mild climate and sunshine of the Philippines. The average weight loss, during the time of internment, jumped from 13.5 pounds in 1942 to 20 pounds in the last six months before liberation.

The most common symptoms still evident in the liberated Americans is digestive upsets, easy fatigability, and neuritis. Seventy-eight per cent of the internees, however, reported that they felt "fine" a few days after liberation. The rapidity of recovery of the adults and the relatively good condition of the children is a striking example of how quickly the human body will return to normal after semi-starvation.

PRESENT ARMY NURSE CORPS POLICY

Army nurses, as is the case with all officers interested in commissions in the Regular Army, may file a Statement of Interest to The Adjutant General, Washington 25, D. C., indicating their interest in being considered for a commission in the Regular Army, The Surgeon General has announced. Present indications are that a number of outstanding officers will be needed in the Regular Army peacetime establishment. Until appropriate legislation is enacted, the War Department cannot announce the conditions which will govern selection of these officers or the number required. Nurses who have served in the emergency and who have too many points in service at this time may file a Statement of Interest and be separated from active duty without prejudice to their chances of being tendered a commission when legislation is enacted.

CIVILIAN PSYCHIATRISTS REPORT ON ARMY NP WORK IN ETO

The commission of outstanding civilian psychiatrists appointed by the Office of Scientific Research and Development at the suggestion of The Surgeon General for a study of the Army's neuropsychiatric work overseas reported that as a result of prompt and skilled handling of combat exhaustion cases approximately ninety per cent of these men are returned to duty. Colonel William C. Menninger, Director of Neuropsychiatry Consultants Division of the Office of The Surgeon General, has announced.

Members of the commission at a recent meeting in the Office of The Surgeon General were generous in their praise of the exceptionally fine psychiatric work that is being accomplished in the European Theater of Operations where they visited for eleven weeks, Colonel Menninger said.

The commission is composed of the following noted psychiatrists: Dr. John C. Whitehorn, Chief Psychiatrist, Johns Hopkins Hospital, and Professor of Psychiatry, Johns Hopkins University; Dr. John Romano, Professor of Psychiatry, University of Cincinnati College of Medicine; Dr. Lawrence S. Kubie, Associate in Neurology, College of Physicians and Surgeons, New York; Dr. Karl Menninger, Director, Menninger Clinic, Topeka, Kansas; and Dr. Leo H. Bartomeier, Professor of Psychiatry, Wayne University, Detroit, Michigan.

In summing up his over-all impressions of the European Theater of Operations from a psychiatrist's standpoint, Dr. Bartomeier said in the face of serious handicaps and hazards the Army psychiatrists are providing excellent medical service and the members all had "the greatest admiration for their courage, ingenuity and accomplishments."

He next mentioned that in the Army there was a closer and happier working relationship between the psychiatrists and the medical and surgical services and the commanding officers than is usually found in civilian practice. Commanding officers overseas frequently mentioned how much they depended on the neuropsychiatric service.

Combat exhaustion cases, known as shell shock in the last war and sometimes referred to as combat fatigue or operational fatigue, are being treated more successfully in this war because of the high quality of personnel in the field, better methods and techniques, and of the greatest importance is the fact that our psychiatrists are getting to the men sooner than ever before, according to the findings of the commission. The Army psychiatrists are doing some of their most effective work right up near the front at the clearing stations.

There is some variation in the treatment given. Sedation, narco-synthesis, hypnosis, and the new technique of group psychotherapy were some of the methods of handling these battle-weary soldiers. The results of group psychotherapy were, in general, particularly encouraging.

CIVILIAN PSYCHIATRISTS REPORT ON ARMY NP WORK IN ETO (Continued)

Dr. Menninger brought out the fact that an alert and understanding sergeant or lieutenant can anticipate a case of combat exhaustion. Symptoms are increasing irritability, lack of interest in letters from friends or family, lack of interest in comrades, and the throwing away of equipment and food. A man who has reached this stage, but who has not yet come to the breaking point can usually be brought back to normal with the help of a proper rotation plan to give the necessary rest and relief from the stress of battle.

There is a direct ratio between the number of exhaustion cases and the intensity of combat, Dr. Whitehorn pointed out. The number of combat exhaustion cases is almost always just about one-fifth the number of wounded cases.

Every man has his breaking point, according to psychiatrists. It is just a matter of how much stress and strain is put upon a man and for how long a period. The fact that combat exhaustion cases bear a direct ratio to the number of wounded shows that as the battle becomes more intense the pressure is just that much heavier, causing more men to reach the breaking point.

A factor that leads to combat exhaustion is the martyr situation, Dr. Whitehorn said. When men are unavoidably marooned from the main body of troops so that the situation seems hopeless, or when they are on a mission which they do not understand and which seems futile or when they are isolated and lose their leader, the average man is more likely to become subject to combat exhaustion under such circumstances.

The commission's report will stress the fact that combat exhaustion does not mean that a man is "yellow", or a coward. A big percentage of the combat exhaustion cases represent men who have had long months of service at the front as effective and brave fighting men. They simply come to the point where the human system can take no more. It is then that the psychiatrists start to care for the ailing soldier.

This commission will submit a formal report of its findings to the Office of Scientific Research and Development, Dr. Bartemeier announced.

MEDICAL EXAMINATIONS FOR RETURNING PRISONERS

All U. S. Army prisoners of war arriving from Japan and China at ports of debarkation will receive special medical examinations to determine whether they need further medical care, Major General Norman T. Kirk, Surgeon General of the Army, announced recently. "Those who need additional medical attention," General Kirk said, "will be transferred rapidly to Army hospitals where treatment will be started at once."

MEDICAL EXAMINATIONS FOR RETURNING PRISONERS (Continued)

A board to put these plans into effect has been organized, with Brig. Gen. Hugh J. Morgan as president. Other members of the board include: Brig. Gen. Rex McK. McDowell, Dental Corps, Colonels W. A. Carlson and W. P. Holbrook, Air Surgeon's Staff, Col. W. C. Menninger, Chief Consultant in Neuropsychiatry, Lt. Col. J. T. McGibony, Maj. G. J. Dammin, and Capt. J. S. Hunt.

AWARDS TO ARMY NURSES TOTAL OVER 1000

Members of the Army Nurse Corps have been awarded decorations totaling 1159 since December 7, 1941, the War Department has announced. By far the greatest number of these have been Bronze Stars and Air Medals, a spokesman said.

The first nurses decorated were present at Pearl Harbor and in the Philippines. Awards ranged from Citations to the Legion of Merit. One Purple Heart award was made to Capt. Annie Fox. Although Capt. Fox was not wounded, she is one of the few persons to receive the Purple Heart for meritorious service. Shortly after the award was made, this decoration was again reserved for presentation to individuals wounded as a result of enemy action.

Highest award was the Distinguished Service Medal, awarded to Colonel Florence Blanchfield, Superintendent of the Army Nurse Corps.

Two Distinguished Flying Crosses (one posthumous award to 2nd Lt. Aleda Lutz, for whom a hospital ship has been named); four Silver Stars for gallantry in action (one posthumous award); 12 Legion of Merit Awards; 579 Bronze Stars or Oak Leaf Clusters in lieu thereof; 393 Air Medals or Oak Leaf Clusters in lieu thereof; 5 Soldier's Medals and 60 Purple Hearts (15 posthumous); 103 Unit Citations or commendations have been reported to this date.

CLINICAL PSYCHOLOGICAL SERVICES TRANSFERRED TO MEDICAL DEPARTMENT

Because of the close relationship between psychiatry and clinical psychology, the Office of the Chief, Clinical Psychology, Classification and Replacement Branch, AGO, has been recently transferred to the Office of The Surgeon General. Colonel Morton A. Seidenfeld has been assigned as Chief, Clinical Psychology Branch, Division of Neuropsychiatric Consultants, and Captain L. I. O'Kelly has been designated Assistant Chief of the Clinical Psychology Branch.

Provision has also been made for the detail of all clinical psychologists now serving as officers into the Medical Administrative Corps. This step will permit an increase in the effectiveness of their utilization in medical installations where they will be under the direct control of the Medical Department.

HOSPITALS NAMED FOR REFRESHER TRAINING COURSES

On 10 September 1945 The Surgeon General notified the Commanding Officers of the following hospitals that their medical services had been approved for the professional refresher training of Medical Corps officers to extend over a twelve weeks period:

Cushing General Hospital, Framingham, Massachusetts
Mason General Hospital, Brentwood, Long Island, New York
Valley Forge General Hospital, Phoenixville, Pennsylvania
Kennedy General Hospital, Memphis, Tennessee
Newton D. Baker General Hospital, Martinsburg, West Virginia
Percy Jones General Hospital, Fort Custer, Michigan
Winter General Hospital, Topeka, Kansas
McCloskey General Hospital, Temple, Texas
DeWitt General Hospital, Auburn, California

Medical Corps officers desiring refresher training in neuropsychiatry will be permitted to serve the entire twelve weeks on the neuropsychiatric services and to rotate through the various wards of the neuropsychiatric services in order to gain experience in all phases of neuropsychiatry.

The refresher course will follow Guide for Professional Refresher Training for Medical Corps Officers approved by SPTRU 353 (Med) (13 Nov 44) dated 17 November 1944.

NUTRITION CONSULTANT COMPLETES OVERSEAS SURVEY

Dr. William H. Sebrell, U. S. Public Health Service, acting in the capacity of Nutrition Consultant to The Surgeon General, has just returned from a three months tour of duty in ETO where he acted as nutrition consultant to Major General Stayer. During this period Dr. Sebrell directed the activities of the five nutrition survey teams operating in that area and proposed a permanent table of organization and equipment for such teams. Also, at the request of General Stayer, he proposed an administrative organization for handling the data obtained, which proposal has in large part been accepted. He was instrumental in coordinating the activities of the Medical Department and the food supply organizations to the end that a more equitable food distribution in terms of need will result. He also has made recommendations to the Commanding General of the Theater concerning the need for improving transportation facilities for the distribution of food. Both the British and French areas of Germany have become intensely interested in the American nutrition program, and are attempting to set up similar organizations. This program, initiated in the Nutrition Division, SGO, is the first attempt that has been made to carefully appraise the nutritional status of an entire nation and to control its food intake in terms of minimum physiological needs.

NEW DELOUSING SETS FOR OVERSEAS USE

More than 400 compact power-driven delousing sets, weighing only 180 pounds, but capable of dusting 600 persons an hour with DDT powder, have been put in operation overseas, according to a recent announcement by the Office of The Surgeon General.

The disruption of sanitary facilities in battle areas has promoted rapid breeding of disease-bearing vermin to such an extent that the situation requires prompt action to avoid epidemics.

Each individual to be treated must be dusted up the sleeves, down the neck, and inside the waist band with approximately $1\frac{1}{2}$ ounces of DDT powder. This is a slow process with a hand duster, but the new delousing outfit, having ten hoses and nozzles, permits the rapid handling of ten persons at a time and is proving invaluable in holding disease in check in infested areas.

The delousing outfit was developed by the Quartermaster Corps in collaboration with the Office of The Surgeon General and the United States of America Typhus Commission.

WAR DEPARTMENT AWARDS

The War Department has announced the following awards:

LEGION OF MERIT

OREGON - Colonel Albert H. Schwichtenberg, MC, Portland.

WASHINGTON, D.C. - Brigadier General Roy C. Heflebower, MC; Colonel Arthur B. Welsh, MC; Lieutenant Colonel R. Robert Cohen, MC.

BRONZE STAR

CALIFORNIA - Major Robert K. Whitely, MC, Palo Alto.

ILLINOIS - Private First Class Norman J. Lev, Chicago.

IOWA - Captain John J. Shurtz, MC, Oskaloosa.

OHIO - Major Clement E. Stayer, MC, Lakewood.

MASSACHUSETTS - First Sergeant Alfred Kroetzsch, Lawrence.

NEW YORK - Major Matthew Levine, MC, Brooklyn.

UTAH - Private First Class Robert V. Strasters, Salt Lake City.

SOLDIER'S MEDAL

NEW YORK - Technician Fifth Grade Frank V. Scarpa, Brooklyn.

PROMOTIONS, MEDICAL DEPARTMENT

Lieutenant Colonel to Colonel

AUSTIN W. BENNETT, MC, Washington, D. C.
HAROLD EASTMAN CODER, MC, Washington, D. C.
STEPHENS GRAHAM, MC, Richmond, Virginia
JUNIUS PENNY SMITH, MC, Washington, D. C.
FURMAN HILLMAN TYNER, MC, Port Arthur, Texas

Major to Lieutenant Colonel

L. GRANT BALDWIN, MC, Pasadena, California
ROBERT WEST CANDLER, MC, Pendleton, Indiana
LUTHER CLARENDON CARPENTER, JR., MC, Grand Rapids, Michigan
HERBERT FREDERICK CHWATAL, MC, Galena, Illinois
STANLEY COHEN, MC, New Orleans, Louisiana
JOSEPH L. DAMOND, MC, New York, New York
JESSE THEO DAVIS, MC, Corinth, Mississippi
GAETANO THOMAS DEFUSCO, MC, Jersey City, New Jersey
JOSEPH MOORE DIXON, MC, Roanoke, Virginia
EDWARD PHILIP DRESCHER, MC, Washington, D. C.
FRANK GORDON DRISCHER, MC, Spokane, Washington
ALEXANDER WILLIAMS FRESHMAN, MC, Denver, Colorado
ALLEN GILBERT GIBBS, MC, Oklahoma City, Oklahoma
JAMES EDWARD GRAHAM, MC, Springfield, Illinois
JEROME FRANCIS GRUNNAGLE, MC, Moorestown, New Jersey
ERNEST EDWARD HARVEY, MC, Salina, Kansas
EDWARD FRANZ HELLMIG, MC, Cleveland, Ohio
OSCAR CLEMENTS HELMING, JR., MC, La Jolla, California
EDWARD MARION HOLMES, JR., MC, Richmond, Virginia
AUGUST FREDERICK JONAS, JR., MC, Omaha, Nebraska
GUSTAV GROSVENOR KAUFMANN, MC, Andover, Massachusetts
FRED ROBERT KELLY, MC, Cleveland, Ohio
SAMUEL SYLVESTER KIRKLAND, MC, Springfield, Missouri
HOWARD GOTTLIEB KRIEGER, MC, Schenectady, New York
RALPH HESS KUNSTADTER, MC, Chicago, Illinois
ALFRED GERALD LEVIN, MC, Miami, Florida
PAUL BRANN LINGENFELTER, MC, Clinton, Oklahoma
JACOB OTTO MALL, MC, Estes Park, Colorado
JOHN RICHARD SHANNON MAYS, MC, Macon, Georgia
GEORGE ARNOLD MCDOWELL, MC, Ft. Wayne, Indiana
CALVIN PORTER MCLAUGHLIN, MC, Pendleton, Indiana
CLINTON CHARLES MILLETT, MC, Omaha, Nebraska
KIRK THORNTON MOSLEY, MC, Blytheville, Arkansas
DALTON CONDON O'BRIEN, MC, Cambridge, Massachusetts
DANIEL JEROME PRESTON, MC, Wilmington, Delaware
IVAN HENRY READINGER, MC, El Paso, Texas

(MORE)

WILLIAM ALBERT RYON, MC, Washington, D. C.
 BENJAMIN BORROUM SHAVER, MC, San Antonio, Texas
 ROBERT DeBRA SNYDER, MC, Ann Arbor, Michigan
 NORMAN WILLIAM THIESSEN, MC, Southern Pines, North Carolina
 JOSEPH GEORGE VACCA, MC, Schenectady, New York
 FREDERICK CLARENCE WEBER, JR., MC, Greenwich, Connecticut
 CYRUS ROGERS WOOD, MC, Port Clinton, Ohio
 DON FRANKLIN CONGER, DC, Chicago, Illinois
 THEODORE EMMETT FISCHER, DC, Portland, Maine
 GEORGE SPENCER McCLENCH, DC, Whitefish, Montana
 CHARLES KENNETH REGER, DC, Regular Army
 FRANK RANDLE DAY, PhC, San Francisco, California
 RICHARD EUGENE OMOHUNDRO, VC, Stuttgart, Arkansas
 EDWARD CHAUNCEY PHIPPS, VC, Columbus, Ohio
 HAROLD NEWTON CLEMENTS, MAC, Leechburg, Pennsylvania

ARRIVALS, OFFICE OF THE SURGEON GENERAL

COLONEL SILAS B. HAYS, MC, of Washington, D. C., formerly European Theater of Operations, assigned to Office of The Chief, Supply Service.

COLONEL ROGER G. PRENTISS, JR., MC, of Chevy Chase, Maryland, formerly Carlisle Barracks, Carlisle, Pennsylvania, assigned Chairman, Army Medical Research & Development Board.

LIEUTENANT COLONEL MORTON A. SEIDENFELD, MAC, of Arlington, Virginia, formerly Classification & Replacement Branch, The Pentagon, Washington, D. C., assigned to Neuropsychiatry Consultants Division, Clinical Psychology Branch.

MAJOR LESLIE J. KROB, MAC, of Norman, Oklahoma, formerly Louisville Medical Depot, Louisville, Kentucky, assigned to Supply Service, Storage & Maintenance Division, Depot Operations Branch.

MAJOR BROOKE B. MALLORY, MC, of Lexington, Virginia, formerly European Theater of Operations, assigned to Professional Administrative Service, Physical Standards Division, Disposition & Retirement Branch.

MAJOR DONALD F. WESTRA, MAC, of Waupun, Wisconsin, formerly MDRP, Billings General Hospital, Fort Benjamin Harrison, Indiana, assigned to Personnel Service, Military Personnel Division, Procurement, Separation & Reserve Branch.

CAPTAIN LAWRENCE I. O'KELLY, MAC, of Boulder, Colorado, formerly Classification & Replacement Branch, The Pentagon, Washington, D. C., assigned to Neuropsychiatry Consultants Division, Clinical Psychology Branch.

1ST LIEUTENANT FRED E. LIEBIG, MAC, of Buffalo, New York, formerly St. Louis Medical Depot, St. Louis, Missouri, assigned to Supply Service, Storage & Maintenance Division, Maintenance Branch.

1ST LIEUTENANT FRANK S. TARANTINO, MAC, of San Francisco, California, Formerly Army Medical Purchasing Office, New York, New York, assigned to Supply Service, Storage & Maintenance Division, Depot Operations Branch.

2ND LIEUTENANT GEORGE W. JACOBS, MAC, of Washington, D. C., formerly MD Replacement Pool, Tilton General Hospital, Fort Dix, New Jersey, assigned to Professional Administrative Service, Medical Statistics Division, Statistical Analysis Branch.

DEPARTURES, OFFICE OF THE SURGEON GENERAL

COLONEL BURR N. CARTER, MC, of Cincinnati, Ohio, formerly Surgical Consultants Division, to be assigned to MDRP, Billings General Hospital, Fort Benjamin Harrison, Indiana.

COLONEL MATHER CLEVELAND, MC, of Blanchardville, Wisconsin, formerly Surgical Consultants Division, Orthopedic Branch, to be assigned to Tilton General Hospital, Fort Dix, New Jersey.

COLONEL HOWARD F. CURRIE, MC, of De Funiak Springs, Florida, formerly Supply Service, to be assigned to A. S. F. Personnel Replacement Depot, Camp Beale, California.

COLONEL LEONARD D. HEATON, MC, of Louisville, Kentucky, formerly Operations Service, to be assigned to MDRP, Carlisle Barracks, Carlisle, Pennsylvania.

COLONEL TRACY S. VOORHEES, JAGD, of Brookland, New York, formerly Control Division, being released.

MAJOR NICHOLAS A. CANUSO, MC, of Philadelphia, Pennsylvania, formerly Professional Administrative Service, Physical Standards Division, Induction Branch, to be assigned to Separation Center, Indiantown Gap, Pennsylvania.

MAJOR MARVIN B. CORLETTE, MC, of Pasadena, California, formerly Preventive Medicine Service, Nutrition Division, Civilian Nutrition Branch, to be assigned to 1503rd UAF Base Unit, San Francisco, California.

MAJOR GEORGE R. FARRELL, MC, of Washington, D. C., formerly Professional Administrative Service, Physical Standards Division, Induction Branch, to be assigned to Detachment of Patients, Walter Reed General Hospital, Army Medical Center, Washington, D. C.

MAJOR PHILLIP G. FLEETWOOD, MAC, of Petersburg, Virginia, formerly Operations Service, to be assigned to Headquarters, USASTAF, San Francisco, Calif.

MAJOR JAMES G. TELFER, PHS, of Monterey, California, formerly Preventive Medicine Service, Civil Public Health Division, to be assigned to MDRP, Hoff General Hospital, Santa Barbara, California.

CAPTAIN FRANK W. CHORPENNING, MAC, of Marietta, Ohio, formerly Supply Service, Stock Control Division, Liaison Branch, to be assigned to USA Typhus Commission, Washington, D. C.

CAPTAIN HOWARD L. HAUGE, MC, of Riverdale, New York, formerly Professional Administrative Service, Physical Standards Division, Disposition & Retirement Branch, to be assigned to Camp McCoy, Wisconsin.

CAPTAIN WILLIAM L. HICKS, QMC, of Greenville, South Carolina, formerly Development Branch of the Technical Division, assigned to Quartermaster Replacement Pool, ASFTC, Camp Lee, Virginia.

CAPTAIN CHARLES S. JULIAND, MAC, of Greene, New York, formerly Office Service Division, Mail & Records Branch, assigned to Headquarters, Third Service Command, Baltimore, Maryland.

CAPTAIN ANTONIO J. WARING, JR., MC, of Savannah, Georgia, formerly Preventive Medicine Service, Medical Intelligence Division, Dissemination Branch, to be assigned to USA Typhus Commission, Washington, D. C.

2ND LIEUTENANT MICHAEL S. KLIBANOW, MAC, of Chicago, Illinois, formerly Professional Administrative Service, Medical Statistics Division, Health Reports Branch, relieved from active duty.

PROMOTIONS, OFFICE OF THE SURGEON GENERAL

1st Lieutenant to Captain

AUDREY A. BILL, MC, of Wayland, Massachusetts, Preventive Medicine Service.

ANTONIO J. WARING, JR., MC, of Savannah, Georgia, Preventive Medicine Service, Medical Intelligence Division, Dissemination Branch.

MERITORIOUS SERVICE AWARD

The Meritorious Service Unit Plaque has been awarded the Medical Training Section, ASF Training Center, Fort Lewis, Washington. The award, dated 11 August 1945, was received for "superior performance of duty in the performance of exceptionally difficult tasks."